

INFORMATION BULLETIN

WORKFORCE INVESTMENT ACT

Date: June 29, 2007 Expiration Date: 6/30/08

Number: WIAB06-69

69:121:pc:11112

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: NEW WORKFORCE SERVICES DIVISION FAX NUMBER

The purpose of this information bulletin is to inform you that the Workforce Services Division has a new fax number for the submission of Job Training Automation (JTA) Logons and Correction To Previously Submitted Data. Please fax both requests to (916) 654-9657. Updated JTA Logon Requests and Request For Correction To Previously Submitted Data forms are attached.

Should you have any questions regarding these changes, please call the JTA Help Desk at (916) 653-0202.

/S/ BOB HERMSMEIER Chief Workforce Services Division

Attachment

EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Special requests for services, aids, and/or special formats need to be made by calling (916) 654-8055 (Voice) or (916) 654-9820 (TTY).

JTA Logon Request

Please fax this form to WSB at (916) 654-9657 Attention: IT Customer Services Unit / JTA Help Desk

NOTE: This form is used to add or delete users to the Job Training Automation (JTA) system. Please fill out this form and fax it to the number above. It normally takes one business week to process a new logon, change an existing logon, or to delete a logon. Command line access is only for MIS Administrators. The MIS Administrator <u>must</u> sign the form.

If you need JTA access for expenditure reporting or access to request a cash drawdown from your WIA grant, please call the Cash Help Desk at (916) 654-7868.

Date of Request	Subgrantee Code	Requesting Subgrantee/Organization			
First Name	Last Na	ame	Type of Request Add (A), Delete (D), or Change (C)	Type of Logon JTA (J), RLD (R), VPN (V)	Command Line Access Yes (Y) No (N)
Print Name		Signature of MIS Administrator			
Phone #:			Fax #:		
Email Address:					

Form in MS Word

Instructions for completion of the Job Training Automation (JTA) Logon Request form:

- 1. Clearly print the first and last name of the individual that requires or has a JTA logon.
- 2. Indicate type of request; the creation of a JTA logon (A), the removal of a JTA logon (D) or making a change (C) to either a user's type of access (allowing command line access, for example) or to a user's name (due to marriage, for example).
- 3. Choose (Y)es or (N)o for command line access. Note command line access should only be considered for MIS Administrators that have knowledge of the UNIX operating system and SQL; organizations operating under a limited-term grant are not being allowed command line access.
- 4. Indicate type of logon needed. You are allowed to have multiple entries in this field to indicate the type of logon needed. A RLD logon is used when connecting your computer to the JTA computers with a phone line and dial-up modem; a VPN logon is used when connecting your computer to the JTA computers with a DSL/Cable/T1 connection and a Network Interface Card (NIC). You will need either a RLD or VPN to connect ALONG with a JTA logon to access the JTA system
- 5. When complete, the individual that has been identified by the organization as the primary MIS Administrator must clearly print and sign their name, their contact phone number, fax number and email address.
- 6. Fax the completed form to the JTA Helpdesk using the fax number on the form.

If you have any questions regarding the completion of the form or the status of a submission, please contact the JTA Helpdesk at (916) 653-0202.

TO: Data Analysis Unit

Workforce Services Division

(916) 654-9657 FAX:

MAIL:

P.O. Box 826880, MIC 50 Sacramento, CA 94280-0001

REQUEST FOR CORRECTION TO PREVIOUSLY SUBMITTED DATA

DATE OF REQUEST:					
NAME OF LWIA/SUBGRANTEE:					
NAME OF REQUESTOR:					
EMAIL ADDRESS OF REQUESTOR:					
PHONE NUMBER OF REQUESTOR:					
DETAILED REASON FOR REQUESTED CORRECTION: (Provide case number, application number, what needs to be corrected, reason for correction, and documentation, below or on an attachment—do not send SSN)					
Authorized Signature of Requestor:					
Date:					
FOR WORKFORCE INVESTMENT DIVISION USE ONLY:					
PMU Approval by:	PMU Denial by:				
Date:	Date:				
LAU Analyst Assigned:					
Date notified requestor:					

Form in MS Word